



Certification of Mailing	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
Carl J. Roof	37,708
Name	Registration No. (if applicable)
Carl J. Roof	
01-26-05	
Signature	
Date	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/965,113
Applicant(s) : Lin, et al.
Filed : September 26, 2001
Title : IMPROVED EMULSIFIER SYSTEMS FOR USE IN
MAKING DEHYDRATED STARCH INGREDIENTS
TC/A.U. : 1761
Examiner : L.T. Tran
Conf. No. : 3953
Docket No. : 8258X
Customer No. : 27752

NOTICE OF APPEAL FROM THE EXAMINER TO

THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

I am an attorney or agent of record.

Respectfully submitted,

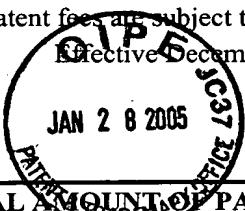
THE PROCTER & GAMBLE COMPANY

Carl J. Roof
Registration No. 37,708
(513) 634-5209

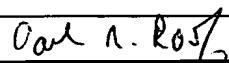
January 26, 2005

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FEE TRANSMITTAL for FY 2005		Complete if Known	
Patent fees are subject to annual revision.  Effective December 8, 2004 JAN 28 2005 <small>PATENT AND TRADEMARK OFFICE</small>		Application Number	09/965,113
		Confirmation Number	3953
		Filing Date	September 26, 2001
		First Named Inventor	Lin, et al.
		Examiner Name	L.T. Tran
		Art Unit	1761
TOTAL AMOUNT OF PAYMENT (\$) 500.00		Attorney Docket No.	8258X

METHOD OF PAYMENT			FEES CALCULATION (continued)																																									
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company			5. ADDITIONAL FEES <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input checked="" type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: _____	<input type="checkbox"/>										
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0]																																												
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Extra</u></th> <th style="text-align: left;"><u>Fee from</u></th> <th style="text-align: left;"><u>Fee</u></th> </tr> <tr> <th style="text-align: left;"><u>Claims</u></th> <th style="text-align: left;"><u>Below</u></th> <th style="text-align: left;"><u>Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[\$] - 20** = [] x</td> <td><input type="checkbox"/> = <input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td>[\$] - 3** = [] x</td> <td><input type="checkbox"/> = <input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/> = <input type="checkbox"/></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)			<u>Extra</u>	<u>Fee from</u>	<u>Fee</u>	<u>Claims</u>	<u>Below</u>	<u>Paid</u>	Total Claims	[\$] - 20** = [] x	<input type="checkbox"/> = <input type="checkbox"/>	Independent Claims	[\$] - 3** = [] x	<input type="checkbox"/> = <input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/> = <input type="checkbox"/>		SUBTOTAL(4) (\$)[0] SUBTOTAL(5) (\$)[500]																										
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Carl J. Roof	Registration No. (Attorney/Agent)	37,708	Telephone (513) 634-5209
Signature				Date 01/26/2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.